

SERIAL NUMBER 09/405,787	FILING DATE 09/27/99	CLASS 370	GROUP ART UNIT 3731 2667	ATTORNEY DOCKET NO. 259732-TM-00
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APPLICANT

RUEY KAO, SARATOGA, CA; VENKAT KALKUNTE, SAN JOSE, CA; ANANT KUMAR, MORGAN HILL, CA; HY QUOC PHAM, SAN JOSE, CA.

  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED PROVISIONAL APPLICATION NO. 60/142,140 07/02/99  
D.O. - DKM

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED  
D.O. -

  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED  
D.O. -

  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA
Verified and Acknowledged <u>DK</u> Examiner's Initials _____	SHEETS DRAWING 9
	TOTAL CLAIMS 31
	INDEPENDENT CLAIMS 0

  

ADDRESS

PILLSBURY MADISON & SUTRO LLP  
1100 NEW YORK AVENUE N W  
NINTH FLOOR EAST TOWER  
WASHINGTON DC 20005-3918

  

TITLE

MULTIPATH VOICE SWITCHING METHOD AND APPARATUS

  

FILING FEE RECEIVED  \$958	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



CONFIRMATION NO. 9926

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/405,787	<b>FILING DATE</b> 09/27/1999 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2662	<b>ATTORNEY DOCKET NO.</b> 259732-TM-00
<b>APPLICANTS</b> RUEY KAO, SARATOGA, CA; VENKAT KALKUNTE, SAN JOSE, CA; ANANT KUMAR, MORGAN HILL, CA; HY QUOC PHAM, SAN JOSE, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/142,140 07/02/1999 <i>okay D.O.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>Novel, D.O.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/15/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 31
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 08791				
<b>TITLE</b> MULTIPATH VOICE SWITCHING METHOD AND APPARATUS				
<b>FILING FEE RECEIVED</b> 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	